

Report Type:	Candidate
Year (Annual Report only):	
Date of Appointment/Termination:	

RECEIVED
FEC MAIL CENTER

UNITED STATES OFFICE OF
GOVERNMENT ETHICS
★
Preventing Conflicts of Interest
in the Executive Branch

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

MAY 15 PM 2:15

Filer's Information

Last Name	First Name	MI	Position	Agency
Gillibrand	Kirsten	E.	Candidate for President	

Other Federal Government Positions Held During the Preceding 12 Months:

U.S. Senator

Name of Congressional Committee Considering Nomination (Nominees only):

Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:

Signature:

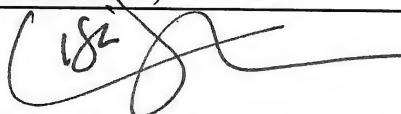


Date:

5/15/2019

Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)

Signature:



Date:

5/15/2019

Other Review Conducted By:

Signature:



Date:

5/15/2019

U.S. Office of Government Ethics Certification (if required):

Signature:

Date:

Comments of Reviewing Officials:

Reviewed for Apparent Compliance
with the Federal Election Campaign Act

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Kirsten E. Gillibrand	2

Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	None.					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number	
Kirsten E. Gillibrand				3	
Part 2: Filer's Employment Assets & Income and Retirement Accounts					
#	Description	EIF	Value	Income Type	Income Amount
1.	"Bold & Brave," Penguin Random House (value not readily ascertainable)	N/A		Royalties	\$15,001 - \$50,000
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Kirsten E. Gillibrand	4

Part 3: Filer's Employment Agreements and Arrangements

#	Employer or Party	City/State	Status and Terms	Date
1.	Random House Inc. - Ballantine Bantam Dell	New York City, NY	The agreement is to receive an advance and royalties based on usual and customary terms for the publication of book titled "Off the Sidelines - Raise Your Voice, Change The World."	August 2013
2.	Random House Children's Books	New York City, NY	The agreement is to receive an advance and royalties based on usual and customary terms for the publication of a children's book.	October 2017
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Kirsten E. Gillibrand	5

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	N/A		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17			
18.			
19.			
20.			

Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Kirsten E. Gillibrand	6

Part 5: Spouse's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	None.				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Kirsten E. Gillibrand	7

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	Citibank (cash)	N/A	\$50,001 - \$100,000	Interest	None (or less than \$201)
2.	U.S. Senate Federal Credit Union (cash)	N/A	\$15,001 - \$50,000	Interest	None (or less than \$201)
3.	Windcrest LLC Stock (medical devices)	No	\$15,001 - \$50,000	None	None (or less than \$201)
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Kirsten E. Gillibrand			8	
Part 7: Transactions				
#	Description	Type	Date	Amount
1.	N/A			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name						Page Number
Kirsten E. Gillibrand						9
Part 8: Liabilities						
#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	None.					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Kirsten E. Gillibrand	10

Part 9: Gifts and Travel Reimbursements

#	Source Name	City/State	Brief Description	Value
1.	N/A			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				